

**IN THE UNITED STATE DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

RICHARD NOWAK and LUCINDA L.	:	C.A. NO.: 1:08-cv-379
WILLIAMS	:	
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
DAVID M. BORTLE, JR and AUDREY	:	JURY OF 12 DEMANDED
ROSENBALM	:	
	:	
Defendants.	:	

**INTERROGATORIES DIRECTED TO  
PLAINTIFF RICHARD NOWAK**

1. Give the names and last known addresses and telephone numbers of all persons who have knowledge of the facts alleged in the pleadings, specifically identifying those who were witnesses to the accident.

**ANSWER:**

2. State whether you are still under the care of a physician, surgeon, or other medical personnel and if so, state his name and address and describe the nature of the care which you are presently receiving, the dates which you seen such individual, and the condition for which you have sought care.

**ANSWER:**

3. Please state the name and address of all such physicians, surgeons or medical practitioners from who you have received treatment for any reason during the

past five years, the dates upon which you last treated and the nature of the treatment and condition for which you received treatment.

**ANSWER:**

4. If you have fully recovered from any of the injuries, complaints, discomforts, or conditions which you claim resulted directly or indirectly from the incident, describe all such injuries, complaints, discomforts or conditions from which you have recovered and, as to each state the date of such discovery.

**ANSWER:**

5. If you have not recovered from all the injuries, illnesses, complaints, or conditions you allege were caused directly or indirectly by the incident upon which this complaint is based, state fully in what respect you have not recovered and the identify of the doctors with whom you are receiving treatment and their prognosis for your condition.

**ANSWER:**

6. What illnesses, injuries, infirmities, diseases or other conditions you had or were told you had during the five years preceding the accident, including the date of such illness, etc., and whether or not the same originated during that period and state the

names and addresses of all doctors, medical personnel and hospitals rendering any treatment for such condition and the dates of treatment by such documents or hospitals.

**ANSWER:**

7. Please state whether in the past five years you are or were a covered person or an insured under any medical benefit insurance plan providing medical insurance coverage, and, if so, identify the name and address of the insurance company or provider, the policy number, the plan or group number, and the dates you have been covered under any such plan.

**ANSWER:**

8. Have you suffered any type of injury in any accident or incident prior to the incident referred to in the complaint. If so, state:

- (a) The date of such injury;
- (b) A detailed description of all of the injuries you received;
- (c) The names and addresses of all physicians surgeons, osteopaths, chiropractors or other medical practitioners rendering any treatment;

**ANSWER:**

9. Have you ever suffered any type of injuries in any accident or incident subsequent to the to the incident referred to in the complaint? If so, please state:

- (a) The date of such injury;
- (b) A detailed description of all of the injuries you received;
- (c) The names and addresses of all physicians, surgeons, osteopaths, chiropractors or other medical practitioners rendering treatment;

**ANSWER:**

10. Please itemize any "out-of-pocket" expenses, including but not limited to medical expenses, in connection with the injuries resulted from the incident which is the subject of this litigation.

**ANSWER:**

11. Please itemize any medical expenses in the future you claim the right to recover in connection with the injuries resulting from the incident which is the subject of this litigation.

**ANSWER:**

12. Please fully describe each and every current symptom which you are currently experiencing, including the date of the onset of each such symptom, the frequency of each such symptom, the duration of each such symptom, and the severity of each such symptom.

**ANSWER:**

13. State whether or not you, or any person acting on your behalf, has brought a claim against any other person or organization for the injuries for which this action is brought. If so, please state the name and address of each such person and/or organization and the name of the claim, and identify the documents submitted in presenting such claim.

**ANSWER:**

14. Have you or anyone on your behalf ever instituted a civil action in any court or have you ever been named as a defendant in any civil action in any court? If so, please state the name and address of the court, the names and addresses of all of the persons or corporations who were parties to such action, the civil action number, the date, including the year and month when such action was instituted, and whether or not you were the plaintiffs or defendant.

**ANSWER:**

15. State your educational history.

**ANSWER:**

16. State the day, month, and year you were born.

**ANSWER:**

17. State in full detail exactly how you claim that the incident giving rise to the alleged injuries occurred.

**ANSWER:**

18. Please identify each and every employer by whom you were employed either full time, part time or as a consultant, during the past ten years and state the address, the nature of your duties, your job title, the dates of each employment, your salary or hourly wage, and the name of your supervisor.

**ANSWER:**

19. As to plaintiffs, if you claim any loss of income or earning power as a result of the incident which is the subject of this litigation either in the past, present or in the future, please state:

(a) The amount of income you claimed to have lost as a result of the accident or the total value of the lost earning power you claimed to have lost as a result of the accident and identify specifically whether the claim is for loss of income or loss of earning power;

(b) The specific inclusive dates when you claimed to have been wholly and/or partially unable to work as a result of the accident;

**ANSWER:**

20. With reference to any expert you expect to call to testify as a witness at the trial, state the name and address of such expert and, as to each expert named, state:

- (a) The subject matter on which the expert is expected to testify;
- (b) The substance of the facts and opinions which the expert is expected to testify;
- (c) A summary of the grounds for each such opinion.

**ANSWER:**

BIFFERATO GENTILOTTI LLC

/s/ Maria J. Poehner  
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